

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: _____		2 Serial/Patent # 10/521299			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
	Extension of Time			\$	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
		7 TOTAL AMOUNT OF REFUND		\$100.00	
10 REASON:		8 TO BE REFUNDED BY:			
	Overpayment	Treasury Check			
	Duplicate Payment	Credit Deposit A/C #:			
	No Fee Due (Explanation):	9 1 9 -- 0 1 3 4			
11 REFUND REQUESTED BY: _____					
TYPED/PRINTED NAME: <u>William Alvarez</u>			TITLE: _____		
SIGNATURE: _____			PHONE: _____		
OFFICE: <u>(703) 365-6421</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____			DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: